

# WFC ELIGIBILITY SCREENING RECORD

*A parent, guardian, or health care provider should complete this form before the patient's first VVFC eligible immunization. The form must be kept in the patient's chart as a record for verification when administering other VVFC vaccines. A new form should be completed and attached once the rows in the chart below have been used. The provider may establish and maintain a separate Screening Folder in which copies of all their VVFC Eligibility Screening Records are kept.*

Patient's Name: \_\_\_\_\_

*Last*                      *First*                      *Middle*

Date of Birth:        /        /

Parent or Guardian: \_\_\_\_\_  
*Last First Middle*

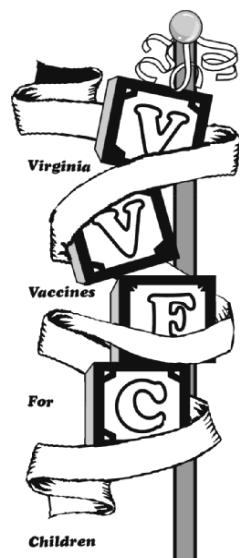
Medical Practice:

Patient's Chart Number (optional): \_\_\_\_\_

## VVFC ELIGIBILITY VERIFICATION

***In order to receive VVFC vaccines, a patient must qualify in one of the categories listed below.***

*This patient is less than 19 years of age on the date indicated below and qualifies for free vaccines through the Virginia Vaccines For Children (VVFC) Program because...*

[illegible]